

How to Register for Summer Zoo Camp:

- **1** Read the Education Programs Participation Agreement. Retain this document for your records.
- 2 Complete your 2015 Zoo Camp Registration Form.

 Use a separate form for each participant. Complete the Payment Information section. Make checks payable to:

 Lafayette Parks and Recreation.
- Fill out the <u>Emergency Contact Information</u>, <u>Medical Authorization and Release Agreement</u>. Include this with your Registration Form.
- 4. Submit your registration materials with payment.

Registrations can be dropped off or mailed to:

Lafayette Parks and Recreation Office
(ATTN: Zoo Ed)

1915 Scott Street
Lafayette, IN 47904

Registrations are also accepted by fax at: (765) 807-1547

QUESTIONS? Call the Zoo Education Office at (765) 807-1546



EDUCATION PROGRAMS PARTICIPATION AGREEMENT

In consideration of the applicant's reservation of a Columbian Park Zoo event, the parties hereby agree as follows:

Rules and Regulations:

•Severe environmental allergies to common zoo items (<u>peanuts, latex</u>, etc.) must be brought to Zoo staff attention at the time of registration. We will make reasonable accommodations whenever possible.

- •If your child has special needs, please discuss them with the Zoo Education Staff in advance so that we can help make the experience a success.
- •A completed, current *Emergency Contact Information, Medical Authorization and Release Agreement* must be submitted prior to participation. This form must be signed by a parent or legal guardian.
- •Class size is limited and on a first-come, first-serve basis. Registration is required.
- •Registration and payment must be received at least 48 hours prior to the start of any program. Late registrations may be accepted at the discretion of the Columbian Park Zoo staff.
- •Due to the volume of registrations received, the Columbian Park Zoo does not send registration confirmations in the mail. Please plan to attend your session unless you are notified otherwise.
- •If the program or session you have registered for is full, you will be notified by phone so you may choose another session, may be placed on a wait list or may request a refund.
- •Only registered and paid individuals may participate in class activities, including animal encounters.
- •Children registered for drop-off classes must be fully toilet-trained. Parents are permitted to stay with children who do not meet this specification.
- •Columbian Park Zoo reserves the right to substitute animals/themes without prior notification.
- •Parents will be notified if disciplinary issues arise. Columbian Park Zoo reserves the right to exclude individuals from future participation if disciplinary issues are not resolved.
- •Participation in any Columbian Park Zoo event grants permission for the City of Lafayette to use photos, videos and other images of the participant in promotional materials, including website use.

Cancellation Policy:

Refunds will be made if notification of cancellation is received fourteen (14) days or more prior to the event. A cancellation fee may apply. Cancellation fees are listed on each program-specific registration form. The Zoo reserves the right to cancel an event or program due to insufficient registration with full refunds and notification. Columbian Park Zoo reserves the right to cancel any program without refund for the following reasons: inclement weather which would compromise the health or safety of the animals and/or Zoo staff members; guidelines set by Zoo staff at presentation are not respected and/or followed.



2015 Zoo Camp Registration Form

Please use a separate form for each participant.

Participant's Name	Date of Birth		
Parent(s) Name(s)			
Primary Phone Number	Alternate Phone		
Home Address			
Email			
□ Check here if you do NOT wish to receive zoo program info by email	Does the Participant have any allergies or special needs? ☐ No ☐ Yes If yes, please specify		
I have read, understand and agre Program Participation Agreement	e to abide by the Columbian Park Zoo's Education		
Parent/Guardian Signature	Date		
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SUMMER CAMPS

Drop off as early as 8:45. Children are expected to be picked up no later than 15 minutes after camp ends or additional charges may apply. An Extended Care option is available for full day camps and runs 7:30-9:00am and 4:00-5:30pm for a flat, weekly fee. Please select this option in you plan to use Extended Care. All fees are per child, per week. () indicate FOCPZ member discounted fees.

	LITTL	E CUB CLUB CAMPS:	AGES 3-5	MINI CAME	PS	
		Zoo Rainbow:	June 1-3	9:00am-12:00pm	\$60 (\$53 FOCPZ)	
- J		Animal Opposites:	June 15-17	9:00am-12:00pm	\$60 (\$53 FOCPZ)	
S 3		Dinosaur Roar:	June 29-July 1	9:00am-12:00pm	\$60 (\$53 FOCPZ)	
AGES		Underground Wonders:	July 13-15	9:00am-12:00pm	\$60 (\$53 FOCPZ)	
'		Jungle Journey:	July 27-29	9:00am-12:00pm	\$60 (\$53 FOCPZ)	
		Animal Jamboree:	Aug. 10-12	9:00am-12:00pm	\$60 (\$53 FOCPZ)	
	YOU	NG EDVENTURERS I :	AGES 6-8	HALF DAY	CAMPS	Add Morning Extended Care? 7:30-9:00am only Fee is per child, per week
8-		Animal Families:	June 8-12	9:00am-12:00pm	\$80 (\$73 FOCPZ)	□ +\$10
S 6		Dr. Zoolittle:	June 22-26	9:00am-12:00pm	\$80 (\$73 FOCPZ)	□ +\$10
AGES		Animal Grossology	July 20-24	9:00am-12:00pm	\$80 (\$73 FOCPZ)	_ + \$10
7		Jaws, Paws, and Claws:	August 3-7	9:00am-12:00pm	\$80 (\$73 FOCPZ)	_ + \$10

	YOUNG EDVENTURERS I	_: AGES 6-8	FULL	DAY CAMPS	Add Ext	ended Care? Fee is per child, per week
8-9	☐ Habitat Safari:	June 1-5	9:00am-4:00p	om \$120 (\$113	FOCPZ)	+\$20
S	\square Animals on the Move:	June 15-19	9:00am-4:00p	om \$120 (\$113	FOCPZ)	□ + <i>\$20</i>
AGE	☐ American Adventure:	June 29-July 3	9:00am-4:00p	om \$120 (\$113	FOCPZ)	□ +\$2 0
	☐ Zoo Dunnit?:	July 13-17	9:00am-4:00p	om \$120 (\$113	FOCPZ)	□ + \$20
	YOUNG EDVENTURERS I	<u>I</u> : AGES 8-	11 FULL	DAY CAMPS	Add Ext	ended Care? Fee is per child,
11	☐ Extreme Animals:	June 8-12	9:00am-4:00pn	n \$120 (\$113	FOCPZ)	per week + \$20
-8	☐ Science Alive!:	June 22-26	9:00am-4:00pn	n \$120 (\$113	FOCPZ)	□ + \$20
)ES	☐ Animal Expeditions:	July 6-10	9:00am-4:00pn	n \$120 (\$113	FOCPZ)	□ +\$2 0
AGE	☐ Wild Design:	July 20-24	9:00am-4:00pm	n \$120 (\$113	FOCPZ)	□ + \$20
	☐ Survivor: Planet Earth	: Aug 3-7	9:00am-4:00pn	n \$120 (\$113	FOCPZ)	□ + \$20
	ZOO EXPLORERS: AGES 12-14 FULL DAY CAMPS					
-14	Hungry Animal Games (A Hunger Games-inspired cam		July 6-10	9:00am-4:00pm	\$135 (\$1	128 FOCPZ)
12	☐ A Week in the Life of a	Zookeeper	July 27-31	9:00am-4:00pm	\$135 (\$:	128 FOCPZ)
GES	OVERNIGHT ADVENTUR <i>in the DeFouw Education Center,</i>		•	_	rning, partic	cipants sleep
A	☐ Biomimicry: Nature-Ir	nspired Techn June 19-20		- 11:00am Saturday	\$60 (\$53	3 FOCPZ)
PAY	MENT INFORMATION:					
Are you a member of the <i>Friends of the Columbian Park Zoo</i> ? If yes, FOCPZ Membership # Please indicate FOCPZ discounted program fees where applicable. To join FOCPZ today and receive Member discounts on select zoo programs, contact FOCPZ at 765.807.1545 or join online at www.columbianparkzoo.org						
APPLY PROMO CODE If you are using a voucher or gift certificate , please attach it to this form.						
TOTAL DUE \$ (after all eligible discounts) WAYS TO REGISTER: Mail to:						
☐ Cash ☐ Check (Make checks payable to Lafayette Parks and Recreation) ☐ Credit Card MasterCard or Visa (please circle one) Card # Exp Security Code (appears on back of card) Lafayette Parks and Recreation - ATTN: Zoo Ed 1915 Scott Street, Lafayette, IN 47904 Drop off at: Zoo Administration office (hours vary) - or - Lafayette Parks & Rec Admin office (M-F, 8-5) Fax: 765.807.1547						
	holder's Signature			Questions? Call 765.8	0/.1540	

Cancellation Policy:

Refunds will be made if notification of cancellation is received fourteen (14) days or more prior to the event. A \$15 Cancellation Fee applies. Cancellation fees will be automatically deducted from any due refund. The Zoo reserves the right to cancel an event or program due to insufficient registration with full refunds and notification. Columbian Park Zoo reserves the right to cancel any program without refund for the following reasons: inclement weather which would compromise the health or safety of the animals and/or Zoo staff members; guidelines set by Zoo staff at presentation are not respected/followed.



EMERGENCY CONTACT INFORMATION, MEDICAL AUTHORIZATION AND RELEASE AGREEMENT

I,, the parent/legal guardian of, (Print your first and last name) (Print child's first and last name)					
(Print your first and last name) (F	Print child's first and last name)				
consent to my child's participation in the specified education programs. In an emergency I can be reached at the numbers listed below. In the event that I cannot be reached, I authorize Columbian Park Zoo staff to authorize or refuse necessary emergency treatment for my child.					
I further agree to indemnify, protect and hold harmless the Parks Department, its officers, board members, supervisors, agents, servants, employees, and all other persons or organizations volunteering services without charge to supervise or chaperone the children who participate in this activity (collectively Park Personnel) from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, attorney's fees and interest, however caused, even if caused by the negligence of Park Personnel, as a result of my child's participation.					
I further agree that the Parks Department, its officers, board members, agents, servants, or employees reserve the right to terminate the participation of my child in the program for failure to behave and act in accordance with the Parks Department regulations on conduct, or for failure to follow the instructions and directions of the supervisors or chaperones, or for any acts of conduct deemed by the agents of the Parks Department to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the program. If the participation is terminated, no participation fees will be refunded.					
Parent/Guardian Signature Date	te				
Emergency Contact Numbers:					
Call 1st: () - (e.g. "Mom's cell phone" or "Dad at work")	ext				
Call 2nd: () -	ext .				
Alternate Emergency Contact Person's Name	Please consider selecting				
Relationship to child	a nearby relative or				
Call: <u>(</u>) - ext	friend to serve as an alternate emergency contact person.				